

*This portion MUST be returned with your payment to ensure proper credit. THANK YOU*

ACCOUNT BILLED
A G HOLD, ASSOCIATES

PROJECT NAME
CLAIM 35K

PROJECT ID
S410013

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/30/2004	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

Change of Address	
Contact	_____
Address	_____
E-Mail Address	_____
State	Zip
Phone	_____

DIVISION OF OIL GAS AND MINING  
1594 WEST NORTH TEMPLE SUITE 1210  
PO BOX 145801  
SALT LAKE CITY UT 84114-5801

*Please make check payable to:*  
**Division of Oil, Gas and Mining**

RECEIVED

AUG 02 2004

DIV. OF OIL, GAS & MINING